



Both Sides of this form must be completed and Waiver must be signed.
May be photocopied.

ONLINE REGISTRATION

- www.stategamesoforegon.org
- It's fast, easy and convenient
- No computer at home? Register from work, school or the library!

ENTRY FEE	\$
LATE FEE	\$
TOTAL AMOUNT ENCLOSED	\$
For office use	

TEAM ENTRY FORM

mail entry/fee to State Games of Oregon
4840 SW Western Ave, Ste 900, Beaverton OR 97005

TEAM INFORMATION Please print clearly

SPORT	EVENT CODE	DIVISION					
TEAM NICKNAME							
MANAGER'S FIRST NAME	MANAGER'S LAST NAME						
MAILING ADDRESS	CITY	STATE/ZIP					
EMAIL*	* Providing an e-mail address allows us to send your schedule electronically [if possible in your sport] and enhances communication.						
PHONE (DAY)	PHONE (EVE)						
T-SHIRT COUNT	Adult Sizes (Please enter totals from back of this form)	YM	S	M	L	XL	XXL

AMATEUR ATHLETIC MINOR AND/OR ADULT WAIVER AND RELEASE OF LIABILITY

Back of this waiver MUST BE SIGNED

In consideration of being allowed to participate in any way in the Oregon Amateur Sports Foundation's (OASF) athletic and/or sports program and related events and activities, the undersigned:

1. Agree that a) the participant or b) the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he/she should inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, he/she should immediately advise his/her coach or supervisor of such condition(s) and refuse to participate;

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;

3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death;

4. Release, waive, discharge and covenant not to sue the OASF, its affiliated clubs, their respective administrators, directors, agents, coaches, volunteers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, the National Congress of State Games, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise. In the event of injury, the athlete will pay all medical costs.

5. I hereby consent to allow my picture, voice or likeness to appear in any official documentary, promotional exclusive television, radio or print film coverage of the State Games of Oregon in any manner incidental to my participation and without compensation to me.

2016 STATE GAMES OF OREGON TEAM ENTRY FORM

TEAM NAME	COACH'S NAME	SPORT	DIV
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We have read the waiver and release on the front of this form, understand that we give up substantial rights by signing it and sign it voluntarily.

PLAYER NAME [Please print]	SIGNATURE OF PLAYER [if over 18] or Parent/Guardian [if under 18]	ADDRESS	D.O.B.*	T-SHIRT <small>(Circle one) Sizes are ADULT, except YM (Youth Med)</small>
1				YM S M L XL XXL
2				YM S M L XL XXL
3				YM S M L XL XXL
4				YM S M L XL XXL
5				YM S M L XL XXL
6				YM S M L XL XXL
7				YM S M L XL XXL
8				YM S M L XL XXL
9				YM S M L XL XXL
10				YM S M L XL XXL
11				YM S M L XL XXL
12				YM S M L XL XXL
13				YM S M L XL XXL
14				YM S M L XL XXL
15				YM S M L XL XXL
16				YM S M L XL XXL
17				YM S M L XL XXL
18				YM S M L XL XXL
19				YM S M L XL XXL
M Manager				YM S M L XL XXL
C Coach				YM S M L XL XXL

ELIGIBILITY STATEMENT

I hereby certify that I know and understand the rules, policies and code of conduct for my sport, that the ages of all players are within the limits of the Age Division entered, and all signatures above are valid. I also understand that my team will be eliminated if this is not true.

*NOTE: a typed roster may be submitted in lieu of this entry form, but signatures **MUST BE PRESENT ON THIS FORM.**

Manager/Coach Signature _____

Date _____